022 U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

Revised Plan – October 7, 2003

NOTE:	THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCA NOTICES	TED IN APPLICABLE PIH
		HUD 50075
		OMB Approval No: 2577-0226 Expires: 03/31/2002

PHA Plan Agency Identification

PHA Name: *Mound HRA*

PHA Number: *MN074*

PHA Fiscal Year Beginning: 10/2003

PHA Plan Contact Information:

Name: *Kandis M Hanson*Phone: *952-472-0609*

TDD:

Email (if available): KandisHanson@cityofmound.com

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

X Main administrative office of the PHA

X PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- X Main administrative office of the PHA
- X PHA development management offices

Main administrative office of the local, county or State government

Public library

PHA website

Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- X Main business office of the PHA
- X PHA development management offices

Other (list below)

PHA Programs Administered:

Public Housing and Section 8 Section 8 Only X Public Housing Only

Annual PHA Plan Fiscal Year 2003

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Contents Page # **Annual Plan** Executive Summary (optional) Annual Plan Information iii. Table of Contents 1. Description of Policy and Program Changes for the Upcoming Fiscal Year 2. Capital Improvement Needs 3. Demolition and Disposition 4. Homeownership: Voucher Homeownership Program 5. Crime and Safety: PHDEP Plan 6. Other Information: A. Resident Advisory Board Consultation Process B. Statement of Consistency with Consolidated Plan C. Criteria for Substantial Deviations and Significant Amendments **Attachments** Attachment ___: Supporting Documents Available for Review Attachment __: Capital Fund Program Annual Statement Attachment __: Capital Fund Program 5 Year Action Plan Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement

Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan Attachment __: Resident Membership on PHA Board or Governing Body Attachment __: Membership of Resident Advisory Board or Boards Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)

Other (List below, providing each attachment name)

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

Policy Changes: A) we have made amendment to the Procurement Agreement ensuring it is in line with all state guidelines. B) We have changed the process in determining residents rents. We are now using Flat Rent guidelines opposed to Ceiling Rents.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

- A. Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan? Yes
- B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$60,000
- C. Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the

rest of Component 7. If no, skip to next component. Yes

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment

(2) Capital Fund Program Annual Statement

HUD 50075 OMB Approval No: 2577-0226

Expires: 03/31/2002

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S.

housing Act of 1937 (42 U.S.C. 1437p) in the plan Fiscal Year?) (If "No", skip to next component; if

"yes", complete one activity description for each development.). No

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)

- 1a. Development name:
- 1b. Development (project) number:
- 2. Activity type: Demolition Disposition
- 3. Application status (select one)

Approved

Submitted, pending approval

Planned application

- 4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
- 5. Number of units affected:
- 6. Coverage of action (select one)

Part of the development

Total development

7. Relocation resources (select all that apply)

Section 8 for units

Public housing for units

Preference for admission to other public housing or section 8 Other housing for units (describe below)

- 8. Timeline for activity:
 - a. Actual or projected start date of activity:
 - b. Actual or projected start date of relocation activities:
 - c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each

program identified.). No

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply), establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at

least 1 percent of the down payment comes from the family's resources requiring that financing for purchase

of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal

government; comply with secondary mortgage market underwriting requirements; or comply with generally

accepted private sector underwriting standards. Demonstrating that it has or will acquire other relevant

experience (list PHA experience, or any other organization to be involved and its experience,

below): **Does** not apply

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan? No
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ **0.00**

Small PHA Plan Update Page 4

HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

	Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. no, skip to next component. No
D.	The PHDEP Plan is attached at Attachment No, Not Applicable.
	Other Information CFR Part 903.7 9 (r)]
A.	Resident Advisory Board (RAB) Recommendations and PHA Response
1.	Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s? No
2.	If yes, the comments are Attached at Attachment (File name). N/A
3.	In what manner did the PHA address those comments? (select all that apply). None Apply The PHA changed portions of the PHA Plan in response to comments A list of these changes is included at the end of the RAB Comments in Attachment Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment Other: (list below)
	Statement of Consistency with the Consolidated Plan reach applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).
2.	Consolidated Plan jurisdiction: (provide name here) *Hennepin Count Consortium* The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply) The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
4.	The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan. X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Does the PHA request financial or other support from the State or local government agency in order to meet

the needs of its public housing residents or inventory? If yes, please list the 5 most important requests

below. No, does not apply

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below). **Does not apply**

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

Substantial Deviation from the 5-year Plan:

A. Substantial Deviation is a decision made by the Board of Commissioners to change the PHA's mission statement, goals, or objectives identified in the 5 year plan. It is also when goals or objectives are changed that affect the residents or have a

significant impact to the PHA's financial situation.

B. Significant Amendment or Modification to the Annual Plan:

Changes in the plans or policies of the PHA that require formal approval by the

Board of Commissioners.

Small PHA Plan Update Page 6

HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

Attachment A Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review						
Applicable & On Display	Supporting Document	Related Plan Component				
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans				
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans				
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans				
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs				
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources				
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies				
	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies				
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies				

List of Supporting Documents Available for Review							
Applicable & On Display	Supporting Document	Related Plan Component					
X	Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A & O Policy	Annual Plan: Rent Determination					
X	Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy	Annual Plan: Rent Determination					
	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination					
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance					
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations					
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency					
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations					
	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance					
X	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures					
	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures					
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs					
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs					
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs					
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing \$504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs					
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition					
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing					

List of Supporting Documents Available for Review							
Applicable & On Display	Supporting Document	Related Plan Component					
A V	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing					
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership					
	Policies governing any Section 8 Homeownership program (sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership					
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency					
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency					
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency					
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency					
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention					
	PHDEP-related documentation: PHDEP-related documentation: Passeline law enforcement services for public housing developments assisted under the PHDEP plan; Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; Coordination with other law enforcement efforts; Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the	Annual Plan: Safety and Crime Prevention					
X	public housing sites assisted under the PHDEP Plan. Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy	Pet Policy					

List of Supporting Documents Available for Review							
Applicable & On Display	&						
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit					
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs					
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)					

Ann	ual Statement/Performance and Evalu	ation Report					
Cap	ital Fund Program and Capital Fund	Program Replacem	ent Housing Factor	(CFP/CFPRHF)	Part 1: Summary		
	Name: Mound Housing Authority	Grant Type and Number	<u> </u>	<u> </u>	Federal FY of Grant:		
	-	Capital Fund Program: MN4	46P07450103		2003		
		Capital Fund Program					
		Replacement Housing					
	iginal Annual Statement		ers/ Emergencies 🗌 Revised A	Annual Statement (revision	n no:)		
	formance and Evaluation Report for Period Ending:		and Evaluation Report				
Line	Summary by Development Account	Total Esti	imated Cost	Total	Actual Cost		
No.			T				
		Original	Revised	Obligated	Expended		
1	Total non-CFP Funds						
2	1406 Operations	\$12,000					
3	1408 Management Improvements						
4	1410 Administration						
5	1411 Audit						
6	1415 liquidated Damages						
7	1430 Fees and Costs	\$10,000					
8	1440 Site Acquisition						
9	1450 Site Improvement	\$ 5,962					
10	1460 Dwelling Structures	\$30,000					
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Nondwelling Structures						
13	1475 Nondwelling Equipment						
14	1485 Demolition						
15	1490 Replacement Reserve						
16	1492 Moving to Work Demonstration						
17	1495.1 Relocation Costs						
18	1498 Mod Used for Development						
19	1502 Contingency						
20	Amount of Annual Grant: (sum of lines 2-19)	\$47,962					
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Compliance						
23	Amount of line 20 Related to Security						

	Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary							
_	Tame: Mound Housing Authority	Grant Type and Number	Federal FY of Grant:					
		Capital Fund Program: MN46 Capital Fund Program	2003					
	Replacement Housing Factor Grant No:							
X Ori	ginal Annual Statement	Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:						
Per	formance and Evaluation Report for Period Ending:	Final Performance a	nd Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost Total A			tual Cost			
No.								
24	Amount of line 20 Related to Energy Conservation							
	Measures							

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name: Moun	d Housing Authority	Grant Type and No Capital Fund Progr	Federal FY of Grant: 2003					
		Capital Fund Progr						
D 1 .	C ID ' CM ' W I		Housing Factor #		. 10	TD . 1 A	1.0	G C
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Esti	mated Cost	Total Ac	tual Cost	Status of Proposed
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
MN074-001	Operations	1406	Lump Sum	12,000				
MN074-001	Seal Coat and Stripe Drive	1450	Lump Sum	5,962				
MN074-001	Remodel Units for Handicap Accesibility	1460	3 units	30,000				
				47,962				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part III: Implem								
PHA Name: Mound Hou	Capit		mber ım #: MN46P074; m Replacement Hou		Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	Fund Obligate art Ending Da		All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates		
	Original	Revised	Actual	Original	Revised	Actual		
MN074	09-16-2005			09-16-2007				

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

	CFP 5-Year Action Plan		
X Original staten	nent Revised statement		
Development	Development Name		
Number	(or indicate PHA wide)		
MN074	Mound HRA		
Description of Ne	eded Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
			2003-2007
Seal Coat-Stripe of	lrive \$ 5,962		
Make three units	handicapped accessible \$45,000		
Update building to	Comply with 504 mandates \$300,000		
Total astimated or	ost over next 5 years	\$350,962	

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 5007 Notices.	75-PHDEP Plan) is to b	e completed in acco	rdance with Instructions located in applicable PIH
Section 1: General Information/History A. Amount of PHDEP Grant \$ B. Eligibility type (Indicate with an "x") N1 C. FFY in which funding is requested D. Executive Summary of Annual PHDEP Pla		R	
· ·		of major initiatives or ac	tivities undertaken. It may include a description of the expected
outcomes. The summary must not be more than five (5) s		,	
			l be conducted), the total number of units in each PHDEP Target Area, a. Unit count information should be consistent with that available in
			1
PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)	

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months 18 Months 24 Months	12 Months	18 Months	24 Months
-------------------------------	------------------	-----------	-----------

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs <u>have not</u> been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY PHDEP Budget Sun	nmary						
Original statement							
Revised statement dated:							
Budget Line Item	Total Funding						
9110 – Reimbursement of Law Enforcement							
9115 - Special Initiative							
9116 - Gun Buyback TA Match							
9120 - Security Personnel							
9130 - Employment of Investigators							
9140 - Voluntary Tenant Patrol							
9150 - Physical Improvements							
9160 - Drug Prevention							
9170 - Drug Intervention							
9180 - Drug Treatment							
9190 - Other Program Costs	·						
TOTAL PHDEP FUNDING							

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement						Total PHDEP Funding: \$			
Goal(s)									
Objectives									
Proposed Activities	# of	Target	Start	Expected	PHEDE	Other Funding	Performance Indicators		
	Persons	Population	Date	Complete	P	(Amount/			
	Served			Date	Funding	Source)			
1.									
2.									
3.									

9115 - Special Initiative						Total PHDEP Funding: \$			
Goal(s)									
Objectives									
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding	Performance Indicators		
	Persons	Population	Date	Complete	Funding	(Amount/			
	Served			Date		Source)			
1.									
2.									
3.									

9116 - Gun Buyback TA Match	Total PHDEP Funding: \$
Goal(s)	
Objectives	

Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding	Performance Indicators
	Persons	Population	Date	Complete	Funding	(Amount /Source)	
	Served			Date			
1.							
2.							
3.							

9120 - Security Personnel				Total PHDEP Funding: \$			
Goal(s)							
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding	Performance Indicators
	Persons	Population	Date	Complete	Funding	(Amount /Source)	
	Served			Date			
1.							
2.							
3.							

9130 – Employment of Investigators		Total PHDEP Funding: \$
Goal(s)		
Objectives		

Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding	Performance Indicators
	Persons	Population	Date	Complete	Funding	(Amount /Source)	
	Served			Date			
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol				Total PHDEP Funding: \$			
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2. 3.							

9150 - Physical Improvements					Total PHDEP Fu	ınding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding	Performance Indicators
	Persons	Population	Date	Complete	Funding	(Amount /Source)	
	Served			Date			
1.							

2.				
3.				

9160 - Drug Prevention					Total PHDEP Funding: \$			
Goal(s)								
Objectives								
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding	Performance Indicators	
	Persons	Population	Date	Complete	Funding	(Amount /Source)		
	Served			Date				
1.								
2.								
3.								

9170 - Drug Intervention					Total PHDEP Funding: \$			
Goal(s)					II.			
Objectives								
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding	Performance Indicators	
	Persons	Population	Date	Complete	Funding	(Amount /Source)		
	Served			Date				
1.								
2.								
3.								

9180 - Drug Treatment					Total PHDEP Funding: \$				
Goal(s)									
Objectives									
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators		
1.									
2.									
3.									

9190 - Other Program Costs					Total PHDEP Funds: \$				
Goal(s)					<u> </u>				
Objectives									
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators		
1.									
2.									
3.									

Resident Member on the PHA Governing Board

- 1. Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2). **No**
- A. Name of resident member(s) on the governing board:
- B. How was the resident board member selected: (select one)?

Elected Appointed

- 11
- C. The term of appointment is (include the date term expires):
- 2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?
 - The PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
 - X The PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

 Other (explain):
- B. Date of next term expiration of a governing board member:
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Pat Meisel, Chairperson, HRA Board

Required Attachment 01-A: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

- 1. Linda Brown
- 2. Michelle Chalmers
- 3. Carol Pollock
- 4. Patrick Ryan
- 5. Muriel Strand

Ann	ual Statement/Performance and Evalu	ation Report			
Cap	ital Fund Program and Capital Fund	Program Replace	ement Housing Fac	tor (CFP/CFPRHF) l	Part 1: Summary
PHA N	Iame: Mound Housing Authority	Grant Type and Number	r		Federal FY of Grant:
		Capital Fund Program: N	IN46P07450102		2002
		Capital Fund Program			
			ing Factor Grant No:		
	inal Annual Statement			d Annual Statement (revision n	o:1)
X Per	formance and Evaluation Report for Period Ending: 9/3		nce and Evaluation Report		
Line	Summary by Development Account	Total 1	Estimated Cost	Total .	Actual Cost
No.					
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$15,000	15,000	1,596	0
8	1440 Site Acquisition				
9	1450 Site Improvement	\$11,000	11,000	0	0
10	1460 Dwelling Structures	\$34,425	34,425	0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$60,425	60,425	1,596	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

	ual Statement/Performance and Evalu	-		(6		
Cap	ital Fund Program and Capital Fund	Program Replacem	ent Housing Factor	(CFP/CFPRHF) Pa	art 1: Summary	
PHA N	ame: Mound Housing Authority	Grant Type and Number		Federal FY of Grant:		
		Capital Fund Program: MN4	6P07450102		2002	
		Capital Fund Program				
		Replacement Housing I				
Orig	inal Annual Statement	Reserve for Disasters	s/ Emergencies X Revised An	nual Statement (revision no:	1)	
X Per	formance and Evaluation Report for Period Ending: 9/3	0/02 Final Performance a	and Evaluation Report			
Line	Summary by Development Account	Total Estin	mated Cost	Total Actual Cost		
No.						
24	Amount of line 20 Related to Energy Conservation	24,425	24,425	0	0	
	Measures					

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name: Moun	d Housing Authority	Grant Type and Nu	umber			Federal FY of Grant: 2002		
		Capital Fund Progr		7450102				
		Capital Fund Progr						
		Replacement l	Housing Factor #					
Development	General Description of Major Work	Dev. Acct No.	Quantity	Total Estimated Cost		Total Ac	tual Cost	Status of
Number	Categories							Proposed
Name/HA-Wide				Original	Revised	Funds	Funds	Work
Activities						Obligated	Expended	
MN074-001	Hire A/E for Physical Needs & Design	1430	Lump Sum	15,000	15,000		0	
MN074-001	Landscape around Building	1450	Lump Sum	6,000	6,000	0	0	
MN074-001	Correct Drainage at Driveway	1450	Lump Sum	5,000	5,000	0	0	
MN074-001	Lobby Improvements	1460	3	10,000	24,425	0	0	
MN074-001	Rehab for Handicap Accessibility	1460	Lump sum	24,425	0	0	0	
MN074-001	Resolve Moisture Problem	1460	1 st floor	0	10,000	0	0	
				60,425	60,425			

Annual Statemen	t/Perform	ance and	Evaluation	on Report			
Capital Fund Pro	gram and	Capital	Fund Pro	gram Repla	cement Hou	sing Facto	or (CFP/CFPRHF)
Part III: Impleme							
PHA Name: Mound Hou	sing Authority		nt Type and Nu		50102		Federal FY of Grant: 2002
				nm #: MN46P074 m Replacement Hot			
Development Number	l Fund Obliga	ited	A	All Funds Expended		Reasons for Revised Target Dates	
Name/HA-Wide Activities	(Qu	art Ending D	nding Date) (Quarter Ending Da			e)	
	Original	Revised	Actual	Original	Revised	Actual	
MN074-001	9/30/04			9/30/05			

Ann	ual Statement/Performance and Evalu	ation Report			
Cap	ital Fund Program and Capital Fund	Program Replace	ement Housing Fact	tor (CFP/CFPRHF)	Part 1: Summary
	lame: Mound Housing Authority	Grant Type and Number Capital Fund Program: M Capital Fund Program Replacement Hous	Federal FY of Grant: 2001		
Orig	inal Annual Statement			l Annual Statement (revision	no:1)
_	formance and Evaluation Report for Period Ending: 9/3		ce and Evaluation Report	•	,
Line	Summary by Development Account	Total	Estimated Cost	Total	Actual Cost
No.					
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	12,000	13,118.70	12,118.70	13,118.70
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structure	52,878	51,759.30	51,759.30	51,759.30
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	64,8778	64,878	64,878	64,878
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures	8,000	8,834	8,834	8,834

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name: Mound	Housing Authority	Grant Type and Nu	umber			Federal FY of Grant: 2001		
		Capital Fund Progr	am #: MN46P0	7450101				
		Capital Fund Progr	ram					
		Replacement 1	Housing Factor #					
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
Name/HA-Wide Activities	Ç			Original	Revised	Funds Obligated	Funds Expended	Work
MN074-001	Install Security Camera	1460		8,000	8,833.54	8,833.54	8,833.54	
MN074-001	Repair Plumbing System	1460	Lump Sum	13,000	8,928.79	8,928.79	8,928.79	
MN074-001	Repair Electrical System	1460	Lump Sum	5,500	6,019.89	6,019.89	6,019.89	
MN074-001	Repair Bldg Air Circulation System	1460	Lump Sum	7,500	7,222.60	7,222.60	7,222.60	
MN074-001	Repair Roof	1460	-	18,878	19,160	19,160	19,160	
MN074-001	Operation	1406	Lump Sum	12,000	13,118.70	13,118.70	13,118.70	
MN074-001	Floor Covering	1460	Lump Sum	0	1,594.38	1,594.38	1,594.38	
				64,878	64,878	64,878	64,878	

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
			Capital Fund Program #: MN46P07450101 Capital Fund Program Replacement Housing Factor #:				
Development Number		l Fund Ob	Obligated		All Funds Expended		Reasons for Revised Target Dates
Name/HA-Wide Activities	(Qı	ıart Endin	ng Date)	(Quarter Ending Date)			
	Original	Revise	ed Actual	Original	Revised	Actual	
MN074-001	03/31/2003	9/30/0	03 4/30/03	9/30/04	9/30/04	4/30/03	